

# Florida Hurricane Catastrophe Fund

## 2011/2012 Member Handbook



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## INTRODUCTION

The purpose of this handbook is to provide an overview of the operation of the Florida Hurricane Catastrophe Fund (FHCF), company requirements, and available sources of information regarding the FHCF.

This handbook is provided for informational purposes only. Although it is believed to be reliable, it is not guaranteed as to its accuracy or completeness. The Florida Statutes, along with the Rules adopted by the State Board of Administration of Florida (SBA), should be consulted as the authoritative source on all FHCF policies and requirements.

## PURPOSE

The FHCF was created in November 1993 during a special legislative session after Hurricane Andrew. The enabling legislation is codified in Section 215.555, Florida Statutes. The purpose of the FHCF is to improve the availability and affordability of residential property insurance in Florida by providing reimbursement to insurers for a portion of their catastrophic hurricane losses.

## ORGANIZATION

The FHCF is structured as a state trust fund under the direction and control of the SBA. Its trustees are the Governor, the Chief Financial Officer, and the Attorney General. A nine-member advisory council has been created to provide the SBA with information and advice. Paragon Strategic Solutions Inc. (Paragon) is the FHCF Administrator as well as the Actuarial Consultant to the SBA. In addition to hiring staff and contracting with other professionals, Section 215.555, Florida Statutes, gives the SBA the authority to adopt rules in order to implement the Statute.

## FINANCIAL STRUCTURE

The SBA collects reimbursement premiums from participating companies, and may use money in the FHCF only to pay companies according to their reimbursement contracts, and to pay other obligations and expenses as specified in the Statute. The SBA is responsible for investing the FHCF's assets. Authority is provided in the Statute for the FHCF Finance Corporation or a local government agency to issue revenue bonds in order to pay reimbursable losses to the extent that funds collected as reimbursement premiums and investment income on those funds are insufficient to meet the SBA's obligations.

## COVERED EVENTS

FHCF coverage is on a per occurrence basis (subject to an annual aggregate limit) and applies to any storm declared to be a hurricane by the National Hurricane Center which causes insured losses in Florida. A Covered Event begins when a hurricane causes damage in Florida and continues throughout any subsequent downgrades in storm status by the National Hurricane Center regardless of whether the hurricane makes landfall. Any storm, including a tropical storm, which does not become a hurricane is not a Covered Event.

## COVERED POLICIES

Covered policies are those policies issued by authorized insurers (not reinsurers), including Citizens Property Insurance Corporation (Citizens), which provide wind or hurricane coverage for residential structures located in the State of Florida, including appurtenant structures, the contents of residential structures, and additional living expense (fair rental value, loss of rent or rental income, and business

interruption coverage are not covered by the FHCF). This includes commercial-residential, residential, mobile home, tenants, condominium unit owners, and other contents policies and endorsements. Covered policies include policies covering the peril of wind removed from Citizens by an authorized insurer under the terms and conditions of an executed assumption agreement that has been approved by the Office of Insurance Regulation. Note that although a company may have exposure to other types of catastrophic losses (e.g., hail, tornado, flood, etc.) in Florida, only hurricane losses are eligible for FHCF reimbursement.

Covered policies also include collateral protection insurance policies covering personal residences which protect both the borrower's and lender's financial interest, in an amount at least equal to the coverage for the dwelling in place under the lapsed homeowner's policy, if such policy can be accurately reported as required in Section 215.555, Florida Statutes.

Covered policies are most likely to be reported in the insurer's statutory annual statement as:

- Fire
- Allied Lines
- Commercial Multiple Peril (non-liability portion covering residential structures and the contents therein; e.g. apartments & condominiums)
- Farmowners Multiple Peril
- Homeowners Multiple Peril
- Inland Marine

Please note that policies covering residential structures or contents, regardless of the line of business in which they are reported (e.g., mobile homes), are covered by the FHCF and this exposure must be reported to the FHCF.

## COMPANY PARTICIPATION

All authorized insurers in Florida, including Citizens, which write FHCF covered policies are required by Section 215.555, Florida Statutes, to enter into a Reimbursement Contract (Contract) with the SBA and to pay an annual reimbursement premium to the FHCF.

## PETITIONING FOR EXEMPTION

### No Covered Policies:

If a company does not have Covered Policies as of June 30 of the current Contract Year, but was an active participant in the FHCF for the preceding Contract Year, a letter requesting to petition for exemption from the FHCF must be received by the FHCF Administrator no later than September 1 of the current Contract Year. See Rule 19-8.012, Florida Administrative Code (F.A.C.) for more information. This Rule is available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "FHCF Rules."

### De Minimis Exemption due to Limited Exposure:

Section 215.555, Florida Statutes, allows the SBA to consider an exemption for a company with less than \$10 million of FHCF covered exposure (not premium), provided the company submits a written request to the FHCF Administrator. Such requests must be received no later than September 1 of the current Contract Year and may not be withdrawn. See Rule 19-8.012, F.A.C. for more information. The SBA may not grant an exemption if the aggregate number of anticipated exemptions adversely affects the actuarial soundness of the FHCF.

## REIMBURSEMENT CONTRACT

The annual FHCF contract period is from June 1<sup>st</sup> through May 31<sup>st</sup>. Contracts must be executed and returned to the FHCF's Administrator no later than March 1<sup>st</sup> of each Contract Year. An Optional Amendment to Change Prior Elections Made in the Reimbursement Contract or the Addenda to the Reimbursement Contract is available upon request and is due no later than June 1<sup>st</sup> of each Contract Year. Included in the executed contract is the company's selected coverage level of 45%, 75%, or 90%. All companies that are members of the same insurer group, as designated by the National Association of Insurance Commissioners (NAIC), must elect the same coverage level. Since the FHCF issued revenue bonds in July of 2006 and those bonds have not been fully repaid, a company may not select a coverage level that is less than its selection under the prior Contract Year effective June 1, 2010.

There are also four Addenda to the 2011 Contract. Addendum No. 1 and Addendum No. 2 address additional optional coverages available to companies and are described later in this Handbook. Addendum No. 3 is only applicable to Citizens. Addendum No. 4 implements legislative changes required as a result of the enactment of SB 408 during the 2011 Florida legislative session and was in the development stage at the time of this publication. The Contract and Addenda are available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Insurer Information."

## REIMBURSEMENT PREMIUM – MANDATORY FHCF COVERAGE

A company's annual reimbursement premium for the mandatory FHCF coverage is based on an actuarial formula specifying the amount of premium to be paid for each \$1,000 of insured value for covered policies in each 5-digit Florida ZIP Code by type of business, construction class, and deductible group. The coverage level chosen by the company, contract addenda elections, and mitigation features reported are also considered in the premium calculation. Pursuant to Section 215.555(5)(b), Florida Statutes, the mandatory FHCF premium will include a 15% cash build up factor for the 2011/2012 Contract Year.

Paragon has been retained by the SBA as the independent actuarial consultant to develop the reimbursement premium formula and the rates to be used in determining the annual reimbursement premium due from each company. The annual rates, rating region definitions, and Ratemaking Formula Report are available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Insurer Information."

## REIMBURSEMENT PREMIUM INSTALLMENTS – MANDATORY FHCF COVERAGE

The annual reimbursement premium for the mandatory FHCF coverage is payable in three installments: August 1<sup>st</sup>, October 1<sup>st</sup>, and December 1<sup>st</sup> of the Contract Year. Due to the timing of the exposure reporting and final premium calculation, the first two installments are provisional billings, each based on one third of a company's prior Contract Year premium. The third installment is based on the final premium calculated from the company's exposure reported to the FHCF in the Data Call submission, less the amounts received from the provisional billings. Companies with a final premium of \$5,000 or less for the prior Contract Year will be billed a full provisional premium in that amount for the first installment. If control of the company has been transferred through any legal or regulatory proceeding to a state regulator, court appointed receiver, or rehabilitator (referred to collectively as "state action"), the full provisional premium as billed, and any outstanding balances, will be due on August 1<sup>st</sup> or the date that such state action occurs after August 1<sup>st</sup>. Such acceleration will not apply when the receiver or rehabilitator provides a letter of assurance to the FHCF that the company will have the resources to pay the premium in installments in accordance with the contractual provisions.



## **ADDITIONAL COVERAGE OPTION (UP TO \$10 MILLION) PURSUANT TO SECTION 215.555(4)(b)4., FLORIDA STATUTES**

Section 215.555(4)(b)4., Florida Statutes, provides an additional coverage option for companies that purchased this coverage option under the 2008/2009 Contract Year, companies qualifying as limited apportionment companies for the 2011/2012 Contract Year, and companies that have been approved to participate in the Insurance Capital Build-Up Incentive Program pursuant to Section 215.5595, Florida Statutes. Qualifying companies may select additional coverage of up to \$10 million by returning Addendum No. 1 to the 2011/2012 Contract to the FHCF by the applicable date specified in the Addendum.

The premium for this coverage is 50 percent of the additional reimbursement coverage selected (includes one prepaid full reinstatement), which will be due in three equal installments at the same time as the mandatory FHCF coverage premium installments (preceding section).

Reimbursements under this optional coverage will be triggered prior to a company reaching its retention under the mandatory coverage level. The retention level for this additional coverage for each Covered Event is 30 percent of the company's surplus as of December 31, 2010 as reported to the Florida Office of Insurance Regulation. For a company that did not have a surplus as of December 31, 2010, surplus shall be deemed to be the surplus reported to the Office of Insurance Regulation at the time the company received its Certificate of Authority. The reimbursement percentage applicable to this additional coverage is 100 percent, which includes reimbursement for loss adjustment expense as provided under the Contract. Note that the loss adjustment expense reimbursement is included within the 100 percent coverage; it is not an additional 5 percent above the 100 percent.

Coverage provided under this additional coverage option shall otherwise be consistent with the terms and conditions of the Contract, including, but not limited to, definitions, exclusions, loss reporting, and examination procedures. This additional coverage may not overlap or duplicate coverage otherwise provided for in the Reimbursement Contract or offset any co-payments (reimbursements shall not occur within the mandatory FHCF coverage or optional TICL coverage layers).

This additional coverage is in addition to all other coverage provided under the Contract and Addenda, and is in addition to the mandatory FHCF coverage claims-paying capacity of the FHCF as defined in Section 215.555(4)(c)1., Florida Statutes, and shall not otherwise affect any company's reimbursement from the FHCF if the company is ineligible to select this coverage or if the company is eligible to select this coverage but chooses not to select this coverage.

## **TEMPORARY INCREASE IN COVERAGE LIMIT OPTIONS (TICL)**

Section 215.555(17), Florida Statutes, provides an option for additional FHCF reimbursement coverage above the mandatory FHCF coverage layer for the 2011/2012 FHCF Contract Year (through the 2013/2014 Contract Year). A company may purchase its mandatory FHCF premium share of one of six optional coverages in \$1 billion increments (\$1 billion to \$6 billion) above its mandatory FHCF coverage by returning Addendum No. 2 to the 2011/2012 Contract to the FHCF by the applicable date specified in the Addendum. For the Contract Year beginning June 1, 2012, a company may purchase one of four optional coverages (\$1 - \$4 billion); and in 2013, one of two optional coverages (\$1 or \$2 billion).

A company's TICL premium will be determined in accordance with Section 215.555(5), Florida Statutes and will be due in three equal installments at the same time as the mandatory FHCF coverage premium installments. Per Section 215.555, Florida Statutes, the indicated TICL premium

for the 2011/2012 Contract Year will be increased by a factor of four times the actuarial indicated rates. For the Contract Year beginning June 1, 2012 and ending May 31, 2013, the indicated TICL premium will be increased by a factor of five, and in the 2013 Contract Year by a factor of six. The rate on line for the six TICL coverage options in Contract Year 2011/2012 is included in the Addendum to the 2011 Ratemaking Formula Report (available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Insurer Information").

The company's increased coverage is calculated by multiplying the company's mandatory FHCF premium by the TICL multiple (see the TICL Coverage Structure section later in this Handbook for more details). Each TICL multiple is calculated by dividing the TICL coverage selected by the aggregate mandatory FHCF premium paid by all companies. The company's total limit of coverage is calculated by adding the TICL multiple to the regular payout multiple and multiplying by the mandatory FHCF premium. The company will be reimbursed for 45%, 75%, or 90% (depending on coverage selected) of the losses from each covered event in excess of the company's FHCF retention plus 5% of the reimbursed losses for loss adjustment expense, not to exceed the total limit as defined above.

Coverage provided under this additional coverage option shall otherwise be consistent with the terms and conditions of the Contract, including, but not limited to, definitions, exclusions, loss reporting, and examination procedures. This additional coverage may not overlap or duplicate coverage otherwise provided for in the Contract or offset any co-payments (reimbursements shall not occur within the standard FHCF coverage layer).

This additional coverage is in addition to all other coverage provided under the Contract and is in addition to the mandatory FHCF coverage claims-paying capacity of the FHCF as defined in Section 215.555(4)(c)1., Florida Statutes, and shall not otherwise affect any company's reimbursement from the FHCF if the company chooses not to select a TICL option to increase its limit of FHCF coverage.

## REPORTING REQUIREMENTS – EXPOSURE DATA

In order to calculate FHCF premium for the mandatory FHCF coverage, each company must report its total covered property exposure in force under covered policies **as of June 30<sup>th</sup>** to the FHCF, categorized by certain rating factors. This information is statutorily required to be reported by September 1<sup>st</sup>. The exposure reporting requirements are specified in the Data Call sent to each insurer at the beginning of the Contract Year. The Data Call is available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Insurer Information."

## NEW PARTICIPANTS

Companies that begin to write covered policies on or after the beginning of the FHCF's Contract Year on June 1<sup>st</sup> are considered new participants for that Contract Year. A company that removes exposure from Citizens pursuant to an assumption agreement effective on or after June 1<sup>st</sup> and had written no other covered policies before June 1<sup>st</sup> is also considered a new participant. Coverage under the FHCF commences on the effective date of coverage of the insurer's first FHCF covered policy or the date covered policies are removed from Citizens pursuant to an assumption agreement. New participants must notify the FHCF immediately upon writing FHCF covered policies. The FHCF will then send Contracts to be executed, along with a premium invoice of \$1,000. The \$1,000 premium shall be a provisional premium until the company's final FHCF premium is calculated.

New participants that begin writing covered policies or remove policies from Citizens pursuant to an assumption agreement prior to December 1<sup>st</sup> of the Contract Year will be sent a Data Call with supplemental instructions for new participants in December. The Data Call is available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Insurer Information." This Data Call is the same document used by

current participants except that these new participants must report their total covered property exposure in force under covered policies as of December 31<sup>st</sup> to the FHCF by March 1<sup>st</sup> of the Contract Year.

To recognize that these new participants have limited exposure during the first Contract Year, the actual premium (determined by processing the company's exposure data) will be divided in half. The provisional premium will be credited, and the resulting amount will be the total premium due for the company for the remainder of the Contract Year. However, if that amount is less than \$1,000, \$1,000 will be the final premium. The final premium payment is due no later than May 1<sup>st</sup> of the Contract Year. The company's retention and maximum recovery from the FHCF will be based on the final adjusted premium.

For companies that begin writing covered policies or remove policies from Citizens pursuant to an assumption agreement on or after December 1<sup>st</sup> of the Contract Year, the \$1,000 premium shall be the final premium for the Contract Year. As such, the insurer shall not report any exposure data for this contract period.

## COMPANY RETENTION – MANDATORY FHCF COVERAGE

As the reimbursement premium formula is developed for the Contract Year, a retention multiple is established for each coverage level. A company's full retention for its mandatory FHCF coverage is calculated by multiplying its annual reimbursement premium for the mandatory FHCF coverage by the multiple corresponding to the selected coverage level.

**\$17.000 Billion xs \$7.369Billion**

Coverage Level	2012/2012 Retention Multiple	Premium	Full Retention (Premium x Retention Multiple)
90%	6.2332	\$1,000,000	\$6,233,200
75%	7.4799	\$833,333	\$6,233,200
45%	12.4665	\$500,000	\$6,233,200

While the retention remains the same regardless of the coverage level selected, the portion of subject losses reimbursed by the FHCF depends upon the coverage option selected.

Since FHCF coverage is on a per occurrence basis, a company will need to exceed its full retention for each event before recoveries from the FHCF are triggered, except as noted in the following section.

## DROP-DOWN RETENTION – MANDATORY FHCF COVERAGE

Section 215.555, Florida Statutes, provides for a drop-down retention in certain circumstances. A company's full FHCF retention for its mandatory FHCF coverage shall apply to each of the company's largest two hurricanes (in terms of losses covered by the FHCF). The company's full retention would then be adjusted to 1/3 for any other hurricanes occurring during the 2011/2012 Contract Year. If applicable, the 1/3 adjustment(s) will be made after January 1<sup>st</sup> of the Contract Year.



## FHCF CAPACITY – MANDATORY FHCF COVERAGE

Reimbursement of covered losses is limited by the claims paying capacity of the FHCF. The capacity of the FHCF for the mandatory FHCF coverage, by Florida Statute, cannot exceed \$17.000 billion for the 2011/2012 Contract Year. The claims paying capacity is the total of the cash balance of the FHCF as of 12/31 of the Contract Year (amount of assets available to pay claims, not including bonding proceeds) in which the covered event occurs, plus the amount the SBA is able to raise through the issuance of revenue bonds, the purchase of reinsurance, or other financial mechanisms. It is projected that the FHCF would require \$9.750 billion to provide the maximum amount of capacity for the mandatory FHCF coverage under the 2011/2012 Contract Year.

<u>12/31/2011 Projected Fund Balance</u>		<u>Estimated Bonding Required</u>		<u>Estimated Claims Paying Capacity</u>
\$7,250,000,000	+	\$9,750,000,000	=	\$17,000,000,000

## MANDATORY FHCF COVERAGE STRUCTURE

The projected payout multiple determines the mandatory FHCF coverage limit provided to each company, and is calculated as follows:

<u>Projected Maximum Claims Paying Capacity</u>		<u>Estimated Aggregate 2011 FHCF Premium</u>		<u>Projected Payout Multiple</u>
\$17,000,000,000	/	\$1,181,186,072	=	14.3923

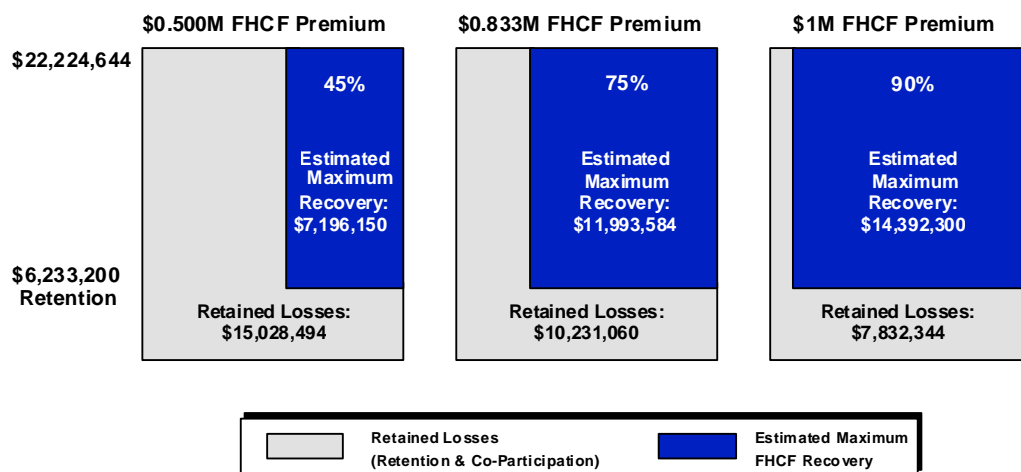
The maximum amount a company could recover from the FHCF under the 2011/2012 Contract Year is calculated as follows:

2011 FHCF Annual Reimbursement Premium   x   Final Payout Multiple   =   Maximum Recovery
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The final payout multiple will equal \$17.000 billion divided by the total reimbursement premiums billed as of December 31<sup>st</sup>.

This is, in effect, a company's market share of the FHCF's estimated claims-paying capacity. Note that this factor includes the additional 5% of FHCF reimbursed losses paid for loss adjustment expense. Also, it must be emphasized that all reported claims are subject to verification prior to reimbursement and will be further reviewed during subsequent examinations by the SBA.

FHCF reimbursement is the selected percentage (45%, 75%, or 90% coverage level) of covered losses above a company's retention. For a company with a ground-up subject loss of approximately \$22.22 million, the mandatory FHCF coverage reimbursements for each coverage level is illustrated below:



See the section on Drop-Down Retention (discussed earlier) for additional information on the loss reimbursement structure.

## SUBSEQUENT SEASON - MANDATORY FHCF COVERAGE

One of the purposes in capping payouts for the initial season is to reserve capacity for hurricanes that might occur in subsequent Contract Years. Given current market conditions, significant uncertainty exists as to the FHCF bonding capacity after an event. However, assuming no financial market constraints, current interest rates, and a \$17.0 billion mandatory FHCF coverage loss to the FHCF in Contract Year 2011/2012, it is anticipated that Contract Year 2012/2013 could potentially have the following maximum amount of capacity available for the mandatory FHCF coverage.

<u>12/31/2012 Projected Fund Balance</u>		<u>Estimated Bonding Capacity</u>		<u>Estimated Claims Paying Capacity</u>
\$1,293,000,000	+	\$15,707,000,000	=	\$17,000,000,000

## TICL COVERAGE STRUCTURE

For the 2011/2012 Contract Year, a company may purchase its share of one of six optional coverage limits in \$1 billion increments (\$1 billion to \$6 billion) above its mandatory FHCF coverage. For a company with a \$1 million mandatory FHCF coverage premium (regardless of the percentage coverage level), the additional TICL coverage would sit immediately above the company's mandatory FHCF coverage and would be calculated as follows:

<b>TICL Limit</b>	<b>2011/2012 TICL Projected Payout Multiple</b>	<b>Mandatory FHCF Coverage Premium</b>	<b>TICL Limit (Premium x TICL Payout Multiple)</b>
\$1 Billion	0.8466	\$1,000,000	\$ 846,600
\$2 Billion	1.6932	\$1,000,000	\$1,693,200
\$3 Billion	2.5398	\$1,000,000	\$2,539,800
\$4 Billion	3.3864	\$1,000,000	\$3,386,400
\$5 Billion	4.2330	\$1,000,000	\$4,233,000
\$6 Billion	5.0796	\$1,000,000	\$5,079,600

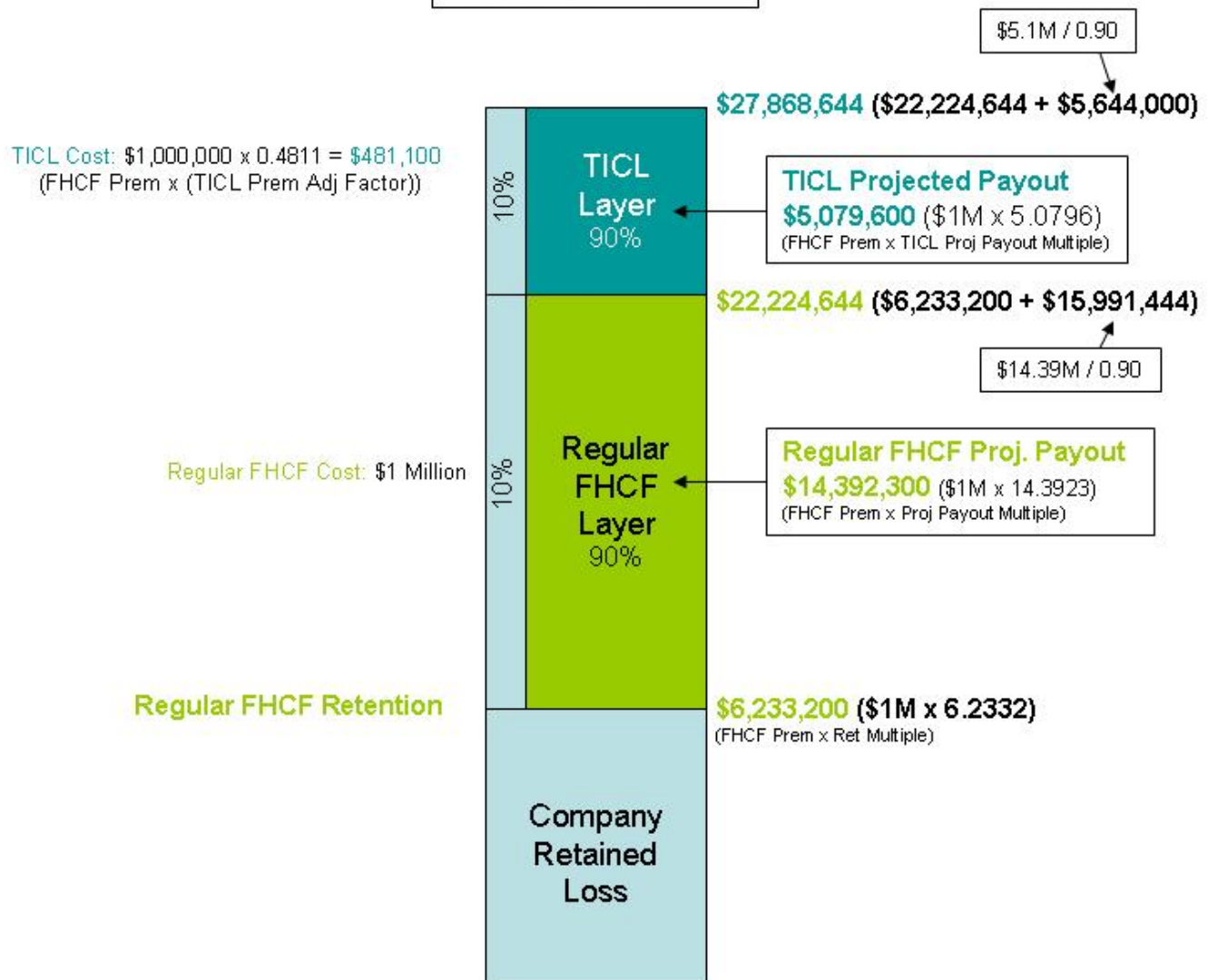
TICL payout multiples can also be found in the Addendum to the 2011 FHCF Ratemaking Report available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf).

Following is an illustration of TICL coverage and its interaction with the mandatory FHCF coverage.

## Sample Insurance Company 2011 FHCF Coverage Example

**Assumptions:**

FHCF Premium = \$1M  
Coverage Option = 90%  
TICL Limit = \$6B



•TICL multiples found in the Appendix of the 2011 FHCF Ratemaking Formula Report

## EMERGENCY ASSESSMENT

To service the outstanding revenue bonds, as the term is defined in Section 215.555(2)(g), Florida Statutes, and to reimburse insurers for their reimbursable losses under a covered event, the SBA may direct the Office of Insurance Regulation within the Department of Financial Services to levy an emergency assessment. The maximum assessment is 6% in any Contract Year, up to a cumulative assessment of 10%. The assessment applies to all property and casualty lines of business in Florida, including property and casualty lines of business of surplus lines, but excludes those lines specifically exempted in Section 215.555, F.S.)

The total hurricane loss reimbursements by the FHCF are currently estimated to be \$3.95 billion for the Contract Year 2004 covered events and \$5.7 billion for the Contract Year 2005 covered events. As a result, the FHCF experienced a shortfall for the 2005 Contract Year. The FHCF has issued revenue bonds in the amount of \$1.35 billion in 2006, \$625 million in 2008, and \$675.92 million in 2010. These bonds are currently being financed by a 1.3% assessment on premiums for all property and casualty lines of insurance in Florida, except medical malpractice until June 1, 2013, accident and health, worker's compensation, and the Federal Flood Insurance Program. The FHCF expects the loss reimbursements for the Contract Year 2005 to increase, which could result in the issuance of additional bonds.

In order to have liquid assets in place to meet future obligations of the FHCF, pre-event notes in the amount of \$3.5 billion were issued in October 2007. The expense of these pre-event notes is self-funded by the FHCF's investment earnings on those funds and by reimbursement premiums, if necessary.

For more information regarding emergency assessments, including assessable lines, please review Rule 19-8.013, F.A.C., entitled "Revenue Bonds Issued Pursuant to Section 215.555(6), Florida Statutes" (available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "FHCF Rules.")

## REPORTING REQUIREMENTS – LOSS DATA

Section 215.555, Florida Statutes, requires that companies report their losses from covered events for the Contract Year by filing a Proof of Loss Report no later than December 31<sup>st</sup>, and quarterly thereafter. Under certain circumstances, earlier reporting may be required. Loss reporting procedures are further clarified in the Contract and the Insurer Reporting Requirements Rule, Rule 19-8.029, available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "FHCF Rules." The necessary reporting forms and detailed instructions are mailed to each insurer following a covered event. These loss reports are also available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Insurer Information."

Companies are required to report estimated incurred ground-up losses for covered policies on both an incurred basis and a paid basis. The FHCF will reimburse loss adjustment expense, limited to 5% of reimbursable losses, which will be calculated by the FHCF based on reported paid losses. Prior to reimbursement, a company's loss reports are reviewed and tested for reasonableness. As soon as practicable after receiving loss reports, the FHCF will determine and pay reimbursement amounts due to the insurer. Adjustments will be made, as necessary, following subsequent loss reports. Note that companies must submit a Detailed Claims Listing (as specified on the Proof of Loss Report form) to support the losses reported in its first Proof of Loss Report submission for a specific hurricane that qualifies the company for reimbursement under that hurricane.

FHCF reimbursement amounts will not be reduced by reinsurance paid or payable to the insurer from other sources.

In the event of an insurer's insolvency, the FHCF will reimburse banks, reinsurers, or other financial institutions to cover obligations of the insolvent insurer under a credit agreement that assists the insolvent insurer in paying claims attributable to covered events. After these obligations are met, the Florida Insurance Guaranty Association will be paid for the insolvent insurer.

Section 215.555, Florida Statutes, also provides for advances in the interim for insurers that may otherwise become insolvent, Citizens, and limited apportionment companies which meet certain criteria.

## COMMUTATION OF LOSSES

The Contract calls for the commutation of FHCF losses not less than three years or more than five years after the end of the Contract Year in which losses occurred. While a company may request that the SBA consider beginning the commutation process earlier, doing so is at the discretion of the SBA. Any remaining claims and losses which are not finally settled and which may be reimbursable losses under the Contract will be reported to the FHCF and a final reimbursement will be determined and issued. For more information regarding the commutation process, see Article X – Reports and Remittances (3)(d) of the Contract.

## ONLINE LOSS REPORTING

As an alternative to manual hardcopy loss reporting, the FHCF Online Claims System (system) may be used to submit loss reports and view prior online loss report submissions and payment documentation. The system may be accessed by clicking “insurer information” on the SBA’s FHCF website at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) or directly on Paragon’s FHCF website at <http://fhcf.paragon.aonbenfield.com/>.

Once the online registration process is fully complete, your company will be able to electronically certify, “sign”, and submit your FHCF loss reports. A maximum of five users may be registered (at least two users must be officers). All users may enter loss data, but only officers will be given system submission rights (Proof of Loss Reports require the signature of two officers). Officer authority will be verified by the FHCF and an Officer Registration letter must be signed by each officer and the original returned to the FHCF as instructed on the letter. This Officer Registration letter will be kept on file by the FHCF and allows a system “signature” based on the officer login.

Other features of the system include pre-population of certain loss report fields such as company name, FHCF retention, and previous reimbursements; automated calculations; ability to upload supporting documentation; identification of errors requiring correction (e.g. advance request box checked but no documentation included); and identification of potential discrepancies (e.g. losses for a particular type of business exceeding exposure reported for that type of business or a decrease in paid losses).



## FHCF EXAMINATIONS

The SBA has two separate examination programs to test the accuracy and completeness of exposure data and the accuracy of losses reported to the FHCF. The examinations are limited in scope and should not be relied upon by the insurer as a determination of complete compliance with the applicable FHCF statutes, rules, and reporting requirements.

For an exposure examination, it is important that companies retain all records, information, and policy level details that are used to prepare the Data Call submission required to be sent to the FHCF by September 1<sup>st</sup> of the Contract Year. Companies are required to prepare and retain an Exam File as specified on page 5 of the 2011 Data Call instructions until a company is notified for an exam. The Advance Preparation Instructions for an exposure examination are listed in FHCF Form-EAP1 for the applicable Contract Year.

For a loss reimbursement examination, a company is required to retain a Detailed Claims Listing to support any Proof of Loss Report submitted to the FHCF for an advance or reimbursement. In addition, a company must provide claims files and any other records needed to support reported losses. Detailed information required for a loss reimbursement examination is listed in FHCF Form-LAP1 for the applicable Contract Year.

The SBA notifies a company at least sixty days prior to the commencement of the examination and provides detailed instructions for preparing data, records, and reports for use by the examiner. Companies are required to provide advance records within 30 days of the date of the notice letter. If delays in providing information requested by the SBA for an examination result in the SBA having to reschedule an examination, and expenses are incurred in addition to the usual and customary costs of the examination, the company may be required to reimburse the FHCF.

Companies are **required** to retain supporting records, as specified in the FHCF Data Call instructions and the Proof of Loss Report form, until the FHCF has completed an examination of the company's exposure data and loss reimbursement data in applicable years. Retention of records is imperative, as an examination may result in a re-filing or other corrective action, or an adjustment to a company's FHCF premium or loss recovery.

## LEGISLATION AND SBA RULES

As indicated in the introductory section of this Handbook, the FHCF was created in 1993 by the Florida Legislature. The enabling legislation is codified in Section 215.555, Florida Statutes. A copy is available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Legislation."

Specific policies and provisions of the FHCF are outlined in the rules of the SBA. The rulemaking process includes workshops, public hearings, and final approval by the SBA Trustees. The rules are continually being updated in order to accommodate new procedures and forms necessary for the administration of the FHCF. All proposed amendments to the rules are published in the *Florida Administrative Weekly* and can also be found online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Proposed Rules". Once the proposed amendments have been adopted, the rules, as amended, are published in the Florida Administrative Code. All rules (proposed or adopted) are available online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "FHCF Rules."

### Rules of the SBA – 2011/2012 Contract Year

- 19-8.001 Purpose
- 19-8.010 Reimbursement Contract
- 19-8.012 De Minimis FHCF Premium Exemption
- 19-8.012 Ineligibility for FHCF Participation
- 19-8.013 Issuance of Revenue Bonds
- 19-8.028 Reimbursement Premium Formula
- 19-8.029 Insurer Reporting Requirements
- 19-8.030 Insurer Responsibilities

## FHCF KEY DATES

### June

- Standard Data Call mailed (insurance in force as of June 30<sup>th</sup> of the Contract Year).
- 1 - Start of the FHCF Contract Year.
- 1 - Optional Amendment to Change Prior Reimbursement Contract Elections deadline for a Company opting to change any of its previously selected coverage options under the Reimbursement Contract due by the preceding March 1<sup>st</sup>.
- 30 - Quarterly Proof of Loss Report (POL) due for any hurricane under which the Company has exceeded or expects to exceed its FHCF Retention.
- 30 - Exposure "as of" date.

### July

- 1 - First provisional premium installment invoiced.

### August

- 1 - First provisional premium installment due.
- 1 - If a company has been placed under regulatory supervision or control has been transferred to a state regulator or court appointed receiver or rehabilitator, the full annual provisional premium is due.

**September**

- 1 - Deadline to petition for De Minimis exemption.
- 1 - Data Call submission due (insurance in force as of June 30<sup>th</sup> of the Contract Year).
- 15 - Second provisional premium installment invoiced.
- 30 - Quarterly POL due for any hurricane under which the Company has exceeded or expects to exceed its FHCF Retention.

**October**

- FHCF exposure examinations for Contract Year 2011/2012 begin.
- 1 - Second provisional premium installment due.

**November**

- 15 - Final premium installment invoiced (based on June 30<sup>th</sup> exposure).

**December**

- Data Call sent to New Participants (insurance in force as of December 31<sup>st</sup> of the Contract Year).
- 1 - Final premium payment due.
- 31 - Initial POL due for the current Contract Year (if there is a covered event(s)).
- 31 - Quarterly POL due for any hurricane under which the Company has exceeded or expects to exceed its FHCF Retention.
- 31 – Annually all companies are required to submit a mandatory year-end POL for each hurricane occurring during the current Contract Year until the earlier of the commutation of losses or until all claims resulting from the event are fully discharged.

**January**

- Annual rule promulgation process for the next Contract Year begins. Drafts of the proposed amendments to the rules, new rules (if any), Data Call/Contract, meeting notices/materials, etc. are available on-line at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf).
  - Reimbursement Contract for the next Contract Year mailed.

**February**

- Projected Payout Summary mailed.

**March**

- 1 - New Participants writing their first policy on or after June 1 but before December 1, Data Call submission due (insurance in force as of December 31<sup>st</sup> of the Contract Year).
- 1 – Reimbursement Contract and applicable Addenda for the 2012/2013 Contract Year due.
- 31 - Quarterly POL due for any hurricanes occurring during the current Contract Year under which the Company has exceeded or expects to exceed 50% of its FHCF retention.
- 31 - Quarterly POL due for any hurricane under which the Company has exceeded or expects to exceed its FHCF Retention.

**March - April**

- New Participants' final premium installment invoiced (based on December 31<sup>st</sup> exposure).

**May**

- 1 - New Participants' final premium due.

## FREQUENTLY ASKED QUESTIONS (FAQ's) for the 2011/2012 CONTRACT YEAR

To assist companies in accurately reporting exposure and losses, the FHCF maintains a list of frequently asked questions and answers online at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "Insurer Information." This list is updated each Contract Year as new questions arise regarding the new Data Call and loss reports. Please note that as this Handbook will not be updated until the next Contract Year, you should refer to the online version of the FAQ's for the most up-to-date and comprehensive listing.

Questions are in five categories: Covered Policies, Exposure/Data Call Reporting, SBA Examination – Exposure Reporting, Loss Reporting, and SBA Examination – Loss Reporting. The following are the FAQ's for the 2011/2012 Contract Year.

### **Covered Policies**

#### **Antennas and Satellite Dishes**

Q: Should an antenna or satellite dish written as an endorsement to a covered policy be reported?

A: Yes, if the antenna or satellite dish includes coverage for wind/hurricane peril.

#### **Assisted Living Facilities**

Q: Are assisted living facilities covered?

A: Yes

#### **Barns with Apartments**

Q: Are barns with apartments covered by the FHCF?

A: No, neither barns nor barns with apartments are covered by the FHCF.

#### **Bed & Breakfast**

Q: Is a bed & breakfast covered?

A: Yes, as long as it is not used solely for commercial purposes.. Also, the risk would be reported using the FHCF type of business Residential (code "2"). However, if it is covered under a commercial policy covering a variety of risks, a company has the option to report based on the predominate FHCF type of business under that policy. See Commercial-Habitational Clarification #3 in the 2011 Data Call.

#### **Boarding, Lodging, and Rooming Houses**

Q: Are boarding, lodging, and rooming houses covered by the FHCF?

A: No, if it is used solely for commercial purposes.

#### **Business Personal Property**

Q: Commercial-Habitational Clarification #8 in the 2011 Data Call clarifies that for policies with a mix of commercial habitational and non-habitational structures, if the non-habitational structure is "used in relation to" the habitational structure (non-habitational structure is used solely by the occupants of the habitational structure or their guests), then the non-habitational structure exposure is reportable to the FHCF. Does the "used in relation to" rule also apply to business personal property?

A: Yes.

Q: Is business personal property insured on a commercial policy and housed in a dwelling (i.e., inventory or business property stored in a personal residence) covered by the FHCF?

A: No.

### **Collateral Protection**

Q: Are commercial-residential buildings insured under a collateral protection policy covered?

A: No. The only collateral protection policies covered by the FHCF are those issued to cover personal residences insured under a homeowners policy which protect both the lender and the borrower's financial interest.

Q: Does the FHCF consider policies issued to cover mobile homes or individual condominium unit owners to fit the definition of policies issued to cover personal residences insured under a homeowners policy?

A: Yes.

Q: If our company cannot provide the supporting documentation that shows the policy was written in an amount at least equal to the coverage for the dwelling in place under the lapsed homeowners policy, is the policy covered by the FHCF?

A: No.

### **Commercial-Residential Policies**

Q: If a commercial policy covers the appurtenant structures or miscellaneous structures related to a habitational structure, but the habitational structure is not covered under the policy, should the exposure be reported?

A: No.

### **Computers/Radios/Signs/Valuable Papers**

Q: Are computers, radios, signs, and valuable papers covered?

A: Yes, if written under a covered policy. However, only report additional exposure if written as an attachment, endorsement or rider that modifies or increases the wind/hurricane limits and/or provides additional coverage for personal property or other structures.

Q: Are computers written on a stand alone inland marine policy covered?

A: Yes, if coverage is provided for the peril of wind and the policy is issued to an individual and not a business.

### **Condominiums**

Q: If the owner of an individual condominium unit uses the condominium as a home or residence, but has the option to occasionally rent out or lease the property, is the exposure reportable to the FHCF?

A: Yes.

Q: If the owner of an individual condominium unit uses the condominium as a home or residence, but rents the condominium out for eight weeks during the year to eight different parties for vacation purposes (weekly rentals), would the condominium be covered by the FHCF?

A: Yes because the unit is primarily used as the owner's home or residence.

Q: If the owner of an individual condominium unit uses the condominium two weeks out of the year and then opts to lease the unit as vacation property based on daily, weekly, or monthly rates, is the condominium covered by the FHCF?

A: No because the unit is primarily used for commercial purposes.

Q: If the owner of an individual condominium unit does not use the condominium as a home or residence and rents or leases the unit out to another party that does use the unit as a home or residence, is the exposure reportable to the FHCF?

A: Yes.

Q: If an individual condominium unit owner does not use the condominium as a home or residence and rents or leases the unit out to an individual(s) that also does not use the unit as a home or residence, is the exposure covered by the FHCF?

A: No.

Q: The FHCF Reimbursement Contract states that coverage is excluded for hotels, motels, timeshares, shelters, camps, retreats and any other rental property used solely for commercial purposes. Does this include condominium structures?

A: Yes.

Q: Does exclusion (10) in Article VI of the FHCF 2011 Reimbursement Contract apply to owner-occupied condominiums?

A: No.

### **Dormitories**

Q: Are dormitories covered by the FHCF?

A: Yes.

### **Fraternity/Sorority Houses**

Q: Are fraternity and sorority houses covered by the FHCF?

A: Yes.

### **Golf Carts**

Q: Are golf carts covered?

A: Yes, if covered under a homeowners policy or endorsement and it is not used for business purposes, rented to others, or subject to motor vehicle registration. No, if written as a stand alone policy.

### **Grave Markers**

Q: Is an endorsement for increased coverage for grave markers covered by the FHCF?

A: Yes, if the endorsement provides coverage for hurricane losses.

### **Homes Rented out for Temporary Purposes**

Q: If my company insures a home that is rented out for temporary purposes, how do I determine whether this policy is excluded from coverage from the FHCF (re: exclusion (8) in Article VI of the FHCF 2011 Reimbursement Contract which excludes any rental property used solely for commercial purposes)?

A: If the home is non-owner occupied and rented out for six or more time periods by different parties during the course of a twelve month period, then it would be excluded from the FHCF.

### **Monasteries**

Q: Are monasteries covered by the FHCF?

A: Yes, if used as a residential structure.

### **Refrigerated Contents**

Q: Are refrigerated contents coverage provided by endorsement reportable when the endorsement is on a covered policy?

A: Yes, if the endorsement provides additional limits for the peril of wind.



Q: Are refrigerated contents coverage provided by endorsement reportable when the endorsement is on an ex-wind policy?

A: No.

### **Residences/Buildings Under Construction**

Q: Our company has several policies where the residence is being remodeled or added on to, but is still occupied by the insured. Would the FHCF exclusion (16), "Any exposure for builders risk coverage or new residential structures still under construction", apply to these, or would they still be covered?

A: If the addition is covered under a builder's risk policy or endorsement, then it would not be considered a covered policy and should not be reported to the FHCF. The part of the home that is already constructed would be covered by the FHCF under a homeowners policy.

### **Scheduled Personal Property in a Vault Off Premises**

Q: Our company insures an individual's scheduled personal property, such as jewelry or artwork, and the items are located in a vault off premises. Is the exposure reportable to the FHCF?

A: No, since the property is located in an off premises vault.

### **Exposure/Data Call Reporting**

#### **Additional Living Expense (ALE)**

Q: How should our company report ALE if written as a time element coverage without a stated dollar limit?

A: Report exposure in an amount not to exceed 40% of the Residential Structure or 40% of the contents exposure based on the type of policy (e.g., a homeowners policy is usually based on structure versus a renters policy based on contents). Note that reported losses for time element ALE may not exceed the amount of exposure reported under the Data Call unless the policy limits for ALE have changed after June 30<sup>th</sup>.

Q: On certain dwelling fire policies, fair rental value is provided as Coverage D and ALE is provided as Coverage E. We understand that the fair rental value coverage is not covered by the FHCF, but would the Coverage E coverage be reportable?

A: Yes. Any ALE coverage under the policy is reportable up to the statutory limit of 40% of the insured value of a residential structure or its contents.

Q: Some of our company's programs provide ALE and loss of rents/fair rental value/loss of rental income coverages combined as Coverage D. How should we report this exposure?

A: If the full Coverage D limit can be paid as ALE reimbursement, then report the full limit, but not to exceed the statutory limit of 40% of the insured value of a residential structure or its contents. If only a portion of the limit could be paid for ALE, report only that portion of limit applicable to ALE coverage. Also note that when requesting reimbursement from the FHCF, the FHCF will only reimburse the ALE loss.

Q: If our company writes a policy with ALE coverage that is 4% each month for up to three months, how would the ALE be reported?

A: Report exposure based on 12%.

Q: If the ALE expense coverage on a Dwelling Form 2 or 3 is listed under the Other Coverages section of the policy form, is the exposure for this coverage reportable?

A: Yes.

Q: Our company allows a policyholder to select increased coverage on certain personal property (e.g., guns). However, these coverages are not scheduled personal property. The company

considers the coverage as an increase in the Coverage C limit. The company also writes ALE coverage for a time period rather than a specific dollar limit. Should the company include the increased coverages in the Coverage C limit when calculating the amount of ALE to report?

A: Yes.

Q: Our company writes a condominium unit owners policy with an endorsement for coverage for rental to others. Should ALE be reported for the policy?

A: It depends. If the unit is entirely rented to others, then the coverage on the policy would be for fair rental value and would not be reported to the FHCF. If the owner seasonally occupies the unit as a home or residence, then the ALE could be paid out to the owner and the exposure would be reportable to the FHCF.

Q: Our company writes a condominium unit owners policy that provides betterment and improvements coverage or "four-walls" coverage (considered by our company to be structural coverage) and ALE coverage, but no coverage for Contents. Is the ALE coverage reportable to the FHCF?

A: Yes. However, the exposure should not exceed 40% of the structural coverage.

Q: Our company provides ALE coverage on Residential Homeowners policies at an unlimited amount. How should the ALE coverage be reported to the FHCF?

A: Since an unlimited dollar amount of coverage is provided, your company should report ALE at the maximum percent (40%) allowed.

### **Assumption Agreements with Citizens Property Insurance Corporation**

Q: My company is planning an assumption on May 25<sup>th</sup> from Citizens Property Insurance Corporation. If an assumed policy has not renewed onto my company's books at June 30<sup>th</sup> and it is subsequently "untagged" after June 30<sup>th</sup> because the policyholder wants to remain with Citizens, will I be required to resubmit my company's data to exclude that policy?

A: No. A resubmission would not be required for this reason alone because the FHCF considers June 30<sup>th</sup> as the cut-off date for whether an assumed policy is required to be reported by a company. The status of the policy at June 30<sup>th</sup> determines whether the policy is reportable by your company. Refer to page 23 of the 2011 Data Call instructions for additional clarification.

Q: Once my company completes an assumption of covered policies from Citizens Property Insurance Corporation and several of the policies are untagged after June 30<sup>th</sup>, should my company report the policies to the FHCF as assumed policies?

A: Yes. If the policies were assumed on June 30<sup>th</sup> and the untagging occurred after that date, the policies are reportable by your company.

Q: If my company selected policies for a July 19<sup>th</sup> assumption of covered policies from Citizens Property Insurance Corporation before June 30<sup>th</sup>, meaning the actual assumption date is July 19<sup>th</sup>, can my company report the policies selected as our exposure on June 30<sup>th</sup>?

A: No. The FHCF does not recognize the selected policies as exposure of your company until after the assumption date.

### **Blanket Deductible**

Q: Is a per occurrence deductible considered a blanket deductible?

A: Yes, as long as it is a per occurrence deductible that applies once to all locations.

Q: If we have a blanket deductible greater than \$50,000 and a blanket limit, how do we convert the blanket deductible to a percentage deductible?

A: Per the Data Call, you are required to report the full blanket deductible for each risk/building/exposure and the lesser of the full blanket limit or the full wind exposure value for

each risk/building/exposure. Therefore, the percentage deductible should be calculated from these numbers.

### **Blanket Limit**

Q: When reporting policies with multiple risks/locations and a per occurrence blanket limit, are we required to report each risk separately at the maximum limit per occurrence?

A: If the risks are located in different ZIP Codes or have different rating factors, then each risk must be reported separately at the lesser of the full blanket limit or the exposure value for the risk. If the risks are located in the same ZIP Code and share the same rating factors, they should be reported together as one record with the lesser of the full blanket limit or the exposure value for the combined risks. For example, if two risks have an exposure value of \$2M each and a blanket limit of \$5M, the exposure amount to be reported for record would be \$4M.

### **Building Code Effectiveness Grading (BCEG)**

Q: What if our company doesn't capture the BCEG credit?

A: If a BCEG credit is not given to the policyholder, enter all zeros for this field. However, if a BCEG credit is given to the policyholder, you must capture and report the BCEG code to the FHCF. Report your actual "community graded" BCEG code (01 – 10). If the BCEG code is "Ungraded" or "Non-Participating," enter "00."

### **Building Additions and Alterations**

Q: Our company issues a renters policy with Coverage C limit of \$50,000. The policy includes additional coverage written within the policy form for building additions and alterations of 10% of the Coverage C limit. A policyholder has purchased an endorsement to increase the building additions and alterations coverage to 25% of the Coverage C limit. How much exposure should be reported to the FHCF for this policy?

A: The amount of building additions and alterations coverage in excess of that provided within the policy form, prior to the purchase of the endorsement, would be reportable. In this case, the additional 15% (\$7,500) of the Coverage C limit for building additions and alterations coverage is reportable, for a total of \$57,500 of exposure to be reported.

### **Churches**

Q: If a church and the adjacent parsonage are covered on a commercial policy, should the parsonage be reported as a "Commercial" or "Residential" type of business?

A: If it is a two, three, or four-family dwelling, it should be reported with a FHCF type of business based on how your company rates the dwelling (either Residential or Commercial FHCF type of business). Dwellings housing more than four families should be reported as FHCF type of business Commercial (code "1").

### **Commercial Class Codes**

Q: If our company insures a single structure with a mix of commercial habitational and commercial non-habitational exposure and multiple class codes are applied to the structure, how would our company determine the predominant class for the structure?

A: Your company may have to use another factor, such as square footage or number of floors, to determine the predominant use of the structure.

**Commercial Policy: Single Structure with a Combination of Habitational and Non-habitational Exposure**

Q: If a single structure is used for both habitational and non-habitational purposes and the policy provides blanket or non-divisible coverage for that structure, how should our company report exposure to the FHCF?

A: If the structure has a commercial-residential class code (based on a classification plan submitted to, and reviewed by, the FHCF Administrator), report the entire exposure for the structure to the FHCF. If the structure has a commercial non-residential class code, please review Commercial-Habitational reporting clarification #7 in the 2011 Data Call for instructions.

Q: If our company insures a single structure with a combination of habitational and non-habitational exposure and the policy is classed using a commercial-residential class code, can our company carve out and not report the commercial non-habitational portion of the structure?

A: No. Your company is required to report the entire structure because the non-habitational portion of the policy should be minimal to the total policy coverage.

**Commercial Policy: Commercial Habitational Clarifications**

Q: If our company has a commercial-residential policy with several primary dwellings located in different ZIP Codes, and each dwelling has its own miscellaneous commercial structures, with which primary dwelling should the miscellaneous structures be reported?

A: They should be reported with the primary dwelling to which they are related.

Q: If our company has a commercial-habitational policy with several primary dwellings located in the same ZIP Code with common miscellaneous commercial structures, but each primary dwelling has a different construction code, with which primary dwelling should the miscellaneous commercial structures be reported?

A: The miscellaneous structures can be reported with the primary dwelling structure(s) your company deems most appropriate.

Q: Our company has a commercial-residential policy with a variety of risks that would normally fall under multiple FHCF types of business. These risks have different ZIP Codes so separate records would be required to be reported. Can these records be reported using the FHCF type of business "Commercial" Code 1?

A: Yes, if the predominate FHCF type of business is commercial (note that commercial policies covering farms are required to be reported under a FHCF type of business Residential [code "2"]). See Commercial-Habitational Reporting Clarification #3 in the 2011 Data Call.

Q: Our company has a commercial-residential policy with three primary dwellings located in the same ZIP Code and each dwelling has the same rating factors. Also, a percent deductible applies to each risk individually. Can our company combine the risks into one record with three risk counts for reporting purposes?

A: Yes.

Q: As a follow up to the previous question, if our company wrote the same type of policy insuring three risks but each risk had a separate dollar deductible amount or different constructions, are separate records required to be reported?

A: Yes.

**Commercial Policy: Multiple Structures with a Combination of Habitational and Non-Habitational Exposure**

Q: If a commercial policy covers multiple structures, where the primary structures are a combination of individual habitational and individual non-habitational structures, and each structure has an individual deductible, which structures should our company report to the FHCF?

A: Your company must report only the habitational structure(s) and any other structure used in relation to the habitational structure(s). "Used in relation to" is defined as any structure that is used solely by the occupants (or their guests) of the habitational structure. If your company is unable to determine whether or not a non-habitational structure meets this requirement, do not include any of the exposure for that structure.

Q: What if, in the preceding case, the policy has an indivisible aggregate deductible. How should our company report deductibles?

A: Report each covered risk/building/exposure with the full blanket deductible amount.

Q: Our company writes a commercial policy covering a retirement community with a beauty salon and recreation center. Should the beauty salon and recreation center be reported?

A: It depends. If the beauty salon and recreation center are used in relation to the habitational structures, yes. "Used in relation to" is defined as any structure that is used solely by the occupants (or their guests) of the habitational structure. If a structure is not used in relation to the habitational structures or you are unable to make this determination, do not report the exposure for the structure. Also, refer to the 2011 Data Call Reporting Clarifications if a blanket deductible or blanket limit applies.

**Commercial Policy: Multiple Location Policy with Non-Florida Risk (Non-Excess)**

Q: Our company writes a commercial package policy covering habitational exposures located in several states. The policy is written with a blanket limit. How should the risks located in Florida be reported?

A: Report the lesser of the full policy limit or the full wind exposure value for each Florida habitational risk/building/exposure. A copy of the Statement of Values to support the policy exposure reported must be retained for the SBA to confirm reporting during examination.

**Commercial Policy: Variety of Risks**

Q: How do you determine the predominant type of business on the policy?

A: The predominant type of business is the FHCF type of business under which the most FHCF exposure falls.

**Condominium Unit Owners**

Q: If a commercial policy covers a condominium complex, should our company report exposure for that policy as FHCF type of business Condominium Unit Owners (code "6")?

A: The FHCF type of business Condominium Unit Owners refers to an individual condominium unit owner. If a commercial policy covers a 10-story, 100 unit condominium complex, for example, such exposure should be reported as FHCF type of business Commercial (code "1").

Q: My company's condominium unit owners policy provides for a standard dwelling limit of \$1,000 (additions and alterations coverage), which is listed on every condominium unit owners policy written and is provided at no additional premium. Should this standard limit be reported to the FHCF as additional exposure?

A: No. The standard \$1,000 limit for this coverage is not reportable as indicated on page 13 of the 2011 Data Call instructions.

Q: If my company writes a deluxe condominium unit owners policy that provides a standard dwelling limit of \$5,000, should the exposure be reported?

A: Yes. Page 13 of the 2011 Data Call instructions only allows for an exclusion from reporting for a \$1,000 standard dwelling limit provided on condominium unit owners policies.

### **Construction**

Q: If mobile homes are tracked by the year built instead of the day built, how should the constructions be coded for fully tied down mobile homes?

A: Fully tied down mobile homes built in 1994 or earlier should be coded "21." Fully tied down mobile homes built after 1994 or those documented to be in compliance with ANSI/ASCE 7-88 should be coded "22."

Q: Could there be mobile homes built before 7/13/94 coded as construction "22?"

A: Yes. If mobile homes built prior to 7/13/94 are documented to be in compliance with ANSI/ASCE 7-88, they can be coded "22."

Q: Can our company use the default construction code for policies in which the construction is unknown?

A: No. Your company can only use the default construction code if you capture the construction code and the aggregate exposure of your entire book of business is less than \$50 million.

Q: If our company uses the default construction code "26" for its mobile home policies, are we required to use a default construction code "12" for our residential homeowners policies?

A: Yes, unless the construction code for the residential homeowners policies is unknown then an "Unknown" FHCF construction code (code "11") would be reported.

Q: What if our company meets the requirements for reporting the default construction code for its covered residential homeowners policies and mobile homeowners policies. Can our company report the default construction code for the residential homeowners policies and the actual construction code for mobile homeowners policies?

A: No. All policies must be reported using either the default construction code or the actual construction codes.

### **Contents-Only Policies**

Q: If our company only insures the contents of a home that is owner occupied and coverage is provided for ALE, under which type of business should the policy be reported?

A: If the exposure is related to another policy (i.e. the policy for the dwelling), it should be reported as the FHCF type of business it is associated with. If the exposure is not associated with another policy, it should be reported as FHCF type of business Tenants (code "4").

### **Deductibles**

Q: What if a policy covering multiple commercial habitational risks has an indivisible aggregate deductible (blanket deductible); how should our company report deductibles?

A: Report each risk/building/exposure with the full blanket deductible amount.

Q: How should our company report the deductible for a policy written with a percentage deductible and a minimum dollar deductible?

A: Report the percentage deductible.

Q: How should our company report the deductible for a stand-alone inland marine policy when multiple risks are covered under the policy with different deductibles applicable to each risk?

A: Your company can report each risk separately with its own deductible code or General Clarification #4 in the 2011 Data Call allows the option of reporting the risks under one record using the deductible applicable to the most exposure. Whichever option your company chooses, it must be applied consistently across the non-commercial book of business.



**Farmowners**

Q: A farmowners policy may have several coverages that relate to residential structures covered under the policy. What coverages are required to be reported for the residential structure?

A: Only coverages for the dwelling, other private structures appurtenant to dwellings, household personal property, additional living expense, and any increases to those coverages, should be reported.

Q: If a farmowners policy covers both residential and mobile home structures under the same policy, can both risks be reported under the "Residential" type of business?

A: No. The mobile home risk is required to be reported as FHCF type of business Mobile Home (code "3").

Q: Are residential structures on a commercial farm covered under a commercial package policy required to be reported as a "Residential" type of business?

A: Yes. Typically, the covered risks have a residential construction rather than a commercial construction. If the company can justify that the construction is commercial, then the FHCF may allow the company to report as FHCF type of business Commercial (code "1"). As noted above, any mobile home exposure must be reported as FHCF type of business Mobile Home (code "3").

Q: If our company writes farmowners policies or commercial policies covering farmowners risk, can we report exposure covering a variety of risks using the predominant type of business?

A: No. The Commercial-Habitational Clarification regarding commercial policies that cover a variety of risks does not apply to farm coverage.

**Florida Building Code Indicator**

Q: Our company rates any residential dwelling constructed in 2002 or later as meeting the Florida Building Code standard effective March 1, 2002. Should we report such risks to the FHCF as code "1"?

A: Yes.

Q: While our company captures the year built, we do not rate any residential dwellings constructed in 2002 or later as meeting the Florida Building Code standard effective March 1, 2002 unless there is an inspection report confirming compliance with the code. Should we report such risks to the FHCF as code "2"?

A: No. Per the 2011 Data Call instructions, any dwelling built 2002 or later or located in Miami-Dade or Broward counties and built in 1995 or later should be reported as code "1".

Q: How should our company report the Florida Building Code Indicator for mobile homes?

A: The FHCF would expect companies to report a code "2" for unknown.

### **Guaranteed Replacement Cost Endorsement**

Q: If our company offers an endorsement that increases the replacement cost coverage provided within the policy form, should the increase in exposure be reported?

A: Additional exposure should be reported only if the endorsement increases the specified dollar limit independent of the actual cost of damage at the time of loss. For example, if the endorsement increases the stated policy limit from \$200,000 to \$220,000, the additional \$20,000 would be reportable. If, on the other hand, the change in coverage/limit under the endorsement is dependent on the actual cost of damage at the time of loss, additional exposure would not be reportable.

### **Law & Ordinance**

Q: How should our company report exposure for Law and Ordinance coverage?

A: Under no circumstances should exposure for Law and Ordinance coverage be reported. Note, however, that the FHCF would still reimburse for losses under this coverage.

### **Risk Counts**

Q: If our company writes a Residential Homeowners policy with a scheduled personal property endorsement with no deductible and we opt to report the endorsement as a separate record, should we report a risk count of 1 for the endorsement?

A: No. If the endorsement is reported as a separate record and there is no deductible, then a risk count of 0 would be reported to avoid duplicating risks counts.

Q: If our company reports a scheduled personal property endorsement to an ex-wind policy, should a risk count of 1 be reported for the endorsement?

A: Yes because the primary policy is not reported.

### **Roof Shape**

Q: How should our company report this mitigation field for mobile homes?

A: Generally, the FHCF would expect the Unknown code applicable to this field to be reported for mobile home exposure. However, if the company does track any of this information, please report it as appropriate.

Q: How should we report roof shape if one building has a combination of shapes?

A: Roof shape should be determined by using the type of structure that exceeds 50% of the roof surface. For example, any individual exterior wall with a gable end exceeding 50% of the width of the exterior wall shall be classified as "Gable or Other" roof shape.

### **Scheduled Personal Property Endorsements**

Q: A Residential Homeowners policy is written with an endorsement to cover scheduled personal property. However, the endorsement has a different deductible from the homeowners policy. Our company has opted to report the endorsement as a separate record from the primary policy. When reporting the endorsement, are we required to report the deductible applicable to the endorsement?

A: No. Your company can report the deductible applicable to the endorsement or the primary policy, just as if you were including the homeowners and scheduled personal property under one record. However, whichever option your company chooses must be applied consistently within each FHCF type of business.

Q: Our company writes endorsements for scheduled personal property and the BCEG credit applicable to the primary policy does not apply to the endorsements. In this instance, are we required to report an endorsement as a separate record without the BCEG code?

A: No. Your company has the option of reporting the endorsement with the primary policy or as a separate record. Also, the endorsement can be reported with a BCEG code of "00" or with the code applicable to the primary policy.

Q: Our company writes a scheduled personal property endorsement to a Residential Homeowners policy that is written ex-wind yet the endorsement is not ex-wind, can the endorsement be reported using FHCF type of business Residential (code "2")?

A: Yes. The Data Call instructions require the endorsement be reported using the type of business for the policy the endorsement is associated with.

Q: As a follow up to the question above, can our company report the rating factors of the primary ex-wind policy when reporting the endorsement?

A: Yes.

Q: Our company writes scheduled personal property endorsements to ex-wind policies and policies that provide wind coverage. The endorsements to ex-wind policies are reported with an FHCF construction code 11 "Unknown", which is not the construction code for the primary policy. However, the endorsements to the policies that provide wind coverage are reported with the construction code for the primary policy. Would this be considered an inconsistent application of the rating factors?

A: Yes, if it occurs within an FHCF type of business. Your company should make a decision to either report the construction code of the primary policy or the construction code of the endorsement and apply this consistently within an FHCF type of business.

Q: An endorsement was reported with the construction code for the primary policy and a deductible code "RM", the deductible applicable to the endorsement. Is this considered an inconsistent application of the rating factors when the inconsistency occurs within a single endorsement?

A: No.

### **Screened Enclosures**

Q: Our company writes an endorsement that provides no additional limit under Coverage A (building) when a screened enclosure is attached to the home but if the enclosure is not attached to the home, an additional limit is provided and the coverage is under Coverage B (appurtenant structures). We understand that exposure would only be required to be reported to the FHCF when an additional limit is provided. However, our company does not capture the information needed to know whether the enclosure is attached to the home or not. How should our company report the coverage provided by this endorsement?

A: Since your company is unable to determine whether the enclosure is attached to the home and the coverage provided by the endorsement could be additional exposure, you must report the limit provided by the endorsement. However, your company should take the steps needed to report this endorsement correctly in the future.

### **Stand Alone Inland Marine**

Q: Our company writes a stand alone inland marine policy that can be associated with a Residential Homeowners policy. Can the inland marine policy be reported using FHCF type of business Residential (code "2")?

A: Yes.

Q: As a follow up to the question above, can our company report the rating factors of the primary policy?

A: Yes. Your company has the option of reporting the rating factors of the primary policy or the inland marine policy as long as the option is applied consistently within a type of business.

### **Tenant Policies**

Q: Our company covers the owner's property for a tenant occupied structure. Should the exposure be reported under the "Tenants" type of business?

A: No. The FHCF type of business Tenants (code "4") is intended for non-owner occupied types of coverage. The exposure should be reported as applicable under the Commercial, Residential, Mobile Home, or Condominium Unit Owners type of business. Only the tenant's contents coverage is reported under the Tenants type of business.

Q: Our company writes a policy covering a tenant that rents a mobile home. How should the policy be reported?

A: The Tenants type of business is not applicable to any covered mobile home exposure. The policy should be reported using FHCF type of business Mobile Home (code "3").

### **Transaction Dates**

Q: My company compiled a "snapshot" of its exposure for its direct written business in effect at June 30<sup>th</sup> on July 15<sup>th</sup>. A cancellation effective June 15<sup>th</sup> was not processed until after July 15<sup>th</sup>, so the cancelled policy was reported to the FHCF. Would this be considered an error when my company is examined by the FHCF?

A: Technically the policy was not in effect at June 30<sup>th</sup> and should not have been reported. However, the FHCF recognizes that there may be some timing differences between when transactions are processed and the data is captured. The FHCF examination process will consider the date exposure data was captured versus the date a transaction was processed and not consider those transactions as errors that were not processed until after the date the data was captured. However, if your company is required to resubmit at a later date, the FHCF would expect the cancelled policy and any other transactions processed after June 30<sup>th</sup> but effective on or before June 30<sup>th</sup> to be reported correctly. Refer to page 5 of the 2011 Data Call instructions.

Q: My company is required to resubmit its exposure data to correct errors noted in the exposure exam. If there were transactions that affected the exposure data at June 30<sup>th</sup> that our company was not able to process before the data was captured in an effort to meet the September 1<sup>st</sup> statutory deadline, should our resubmission include an update that takes into account subsequent transactions?

A: Yes, if the subsequent transactions changed the exposure in effect at June 30<sup>th</sup> and it is a resubmission of your company's direct written business. If your company is reporting exposure data assumed from Citizens which has not renewed onto your company's books, then the "freeze" date for the assumed policies is June 30<sup>th</sup> (regardless of subsequent processing of transactions with changes effective prior to June 30<sup>th</sup>) per the Informational Memorandum posted on the FHCF website at [www.sbafla.com/fhcf/](http://www.sbafla.com/fhcf/) under "What's New?"

### **Type of Business**

Q: If our company insures a boarding or rooming house, which type of business should it be reported under assuming it is a home or residence?

A: Your company should report the risk under the type of business it considers the risk written, commercial or residential.

Q: If our company insures a townhouse used as a home or residence, which type of business should it be reported under?

A: Your company should report the risk under the type of business it considers the risk written, commercial or residential.

### **Year Built**

Q: Our company has existing covered policies where the year built was not captured, however, the policies have an effective date that is before 1994. Should our company report an FHCF code "1" (1994 or earlier) for year built for these policies?

A: No. The code for year built must be based on the actual year built and not the effective date of the policy. In this example, FHCF code "0" (Unknown or Mobile Home) would be reported for the policies since your company did not capture the actual year built.

### **ZIP Code to County Code Matches**

Q: The preliminary validation software indicates that our company's data has an invalid ZIP Code to county code match. The United States Postal Service website indicates that the county code associated with the ZIP Code is correct. What should our company do?

A: The FHCF realizes there are some ZIP Codes that cross over more than one county and has programmed the software to accept any county that immediately borders the county in which the FHCF considers a ZIP Code to reside in. However, in rare cases the Postal Service has indicated a ZIP Code to be applicable not only to the bordering county, but to the next county over as well. If such records cause the company to fail the software, and as long as there are no other errors in your data causing it to fail, submit the data to the FHCF Administrator with documentation from the United States Postal Service that indicates your ZIP Code and county code match. Also retain the documentation for the SBA exam.

## **SBA Examination – Exposure Reporting**

### **SBA Examination File**

Q: What is the SBA Examination File?

A: This is an electronic file your company should generate at the same time the Data Call File is created. The file is intended to be a detailed policy file that supports the aggregate data listed in the Data Call File.

Q: Is our company required to report the insured's name on the SBA Exam File?

A: No. Refer to page 6 of the 2011 Data Call instructions for a required layout of the SBA Exam File.

Q: Does my company need to send the SBA's Exam File to Paragon?

A: No. **Retain** this file for your records until your company is noticed for an exam. **Do not** send the exam file to Paragon.

Q: How long is our company required to retain the SBA Exam File?

A: The exam file must be retained until the SBA has completed its examination of your company's exposure submission and claims reports, and commutation for the Contract Year has been concluded.

### **Exit Conference**

Q: Can our company request an exit conference with the SBA to discuss the exam findings?

A: Yes. This request should be sent to the SBA and a mutual time will be scheduled.

### **Resubmissions**

Q: Will our company incur any penalties if it is discovered through an exposure examination that we have reported data incorrectly?

A: If your company is required to resubmit its Data Call file, there will be a \$2,000 resubmission fee for each resubmission. There may also be additional premium due to the FHCF. Also, if your company received loss reimbursements for the same Contract Year, the Data Call resubmission may result in an excess reimbursement(s) having to be repaid to the FHCF.

### **Loss Reporting**

#### **FHCF Interim Loss Report**

Q: What is the purpose of the Interim Loss Report?

A: The Interim Loss Report provides the FHCF with information to determine its potential liability, and if necessary, the likely timing requirements for asset liquidation and revenue bond issuance.

#### **FHCF Proof of Loss Report (POL)**

Q: When is our company required to submit a POL to the FHCF?

A: If the FHCF notifies its member companies that they are required to submit POL reports to the FHCF, the first mandatory filing is due by December 31 of the FHCF Contract Year (20XX) in which the hurricane occurred. Quarterly thereafter:

- A POL is due on 3/31/XX from any company whose losses exceed or are expected to exceed 50% of its FHCF retention.
- A POL is due on 6/30/XX from any company whose losses exceed or are expected to exceed 75% of its FHCF retention.
- A POL is due on 9/30/XX from any company which anticipates that its losses will exceed 100% of its FHCF retention.
- A POL is due from a company which anticipates that its losses will exceed 100% of its FHCF retention by each subsequent quarter-end until the company has paid its policyholders in full.
- **ALL** companies must submit a yearly 12/31/XX POL until FHCF losses have been commuted or the company has paid its policyholders in full. (See Article X of the Reimbursement Contract.)

A company may, at any time, voluntarily submit a POL for reimbursement.

Q: Why is SECTION II of the POL optional?

A: The information provided under SECTIONS I and III is all that is necessary for the FHCF to process a company's reimbursement request. The FHCF has kept SECTION II as an optional portion of the POL, as this information may be helpful to your company in understanding the reimbursement process and the calculations performed by the FHCF.

Q: When completing the POL, should losses reported be cumulative or just for the period reported?

A: The losses reported should be cumulative but net of the policy deductibles, loss adjustment expenses, salvage and other recoveries.

- Q: Is there a different loss report to submit when requesting reimbursement under Addendum No. 1 (Additional Coverage Option up to \$10 million) or Addendum No. 2 (Temporary Increase in Coverage Limit Options)?
- A: No. All reimbursements will be issued based on losses reported under the standard POL report.

### **Additional Living Expenses (ALE)**

- Q: A company paid for damages to appurtenant structures, however there was no loss to the dwelling. There was also a payment to the policyholder for ALE with no supporting documents for the ALE payment. Will the FHCF reimburse the company for the ALE?
- A: The FHCF does reimburse for ALE. However, in this instance, the FHCF would not reimburse the company since there is no documentation to support the payment.
- Q: A company paid advances for ALE of \$1,000 and a letter was sent to each policyholder requiring receipts if any additional ALE was requested. This is allowed under the company's policy because it requires the policyholder to submit receipts when requested by the company to do so. Would the FHCF reimburse the company for the initial advance if no additional ALE was requested by the policyholder?
- A: Yes.
- Q: My company writes a residential homeowners policy with a time limit for ALE coverage rather than a dollar amount. When the insured reported the ALE loss to my company, the amount of the ALE loss was 50% of the Coverage A limit. How should my company report the loss to the FHCF?
- A: Your company is required to cap the ALE loss reported to the FHCF at 40% of the Coverage A limit.

### **Buildings Under Construction**

- Q: A company insures "buildings under construction". If the buildings are planned to be residential, would the FHCF reimburse a company for losses to the buildings?
- A: No, because the FHCF does not cover buildings under construction.

### **Commutation Clause**

- Q: When does the FHCF commutation clause take effect?
- A: Not less than 36 months or more than 60 months after the end of the FHCF Contract Year in which the hurricane took place. However, the SBA may suspend the time frame for the commutation process if information is received which indicates an increase in the company's reimbursable losses.
- Q: Can our company initiate the commutation process, or will the FHCF notify us when the process should begin?
- A: Once the SBA has closed your exposure and loss examination files for the applicable Contract Year, the FHCF will initiate the discussion of commuting losses. While a company may request that the SBA consider beginning the commutation process earlier, doing so is at the discretion of the SBA.

### **Deductibles**

- Q: A company has two claims adjusted for two separate events. Should each claim be reported to the FHCF net of the policy deductible?
- A: Yes.
- Q: If a company opted to waive a policyholder's deductible for subsequent events causing damage, can the loss reported to the FHCF include the deductible that has been waived?
- A: No. All losses reported to the FHCF must be net of the policy deductible even if the company opted to waive that deductible.

Q: If a policyholder has damage from two events but the adjuster did not come until after the second event occurred, is the company required to apply one or two deductibles when reporting the loss to the FHCF?

A: It depends. If two deductibles were charged to the insured then both deductibles should be deducted from the reported loss. However, if the policyholder was charged one deductible and the company cannot determine which event caused the damage, then one deductible would be applied to the reported loss.

Q: If a loss occurs on a policy that covers multiple types of risks (e.g., both covered and not covered by the FHCF) and my company applied the deductible to the insured risk that is not covered by the FHCF, are we required to report the portion of the loss covered by the FHCF net of the policy deductible?

A: Yes, because the FHCF Reimbursement Contract requires that a company's loss be reported net of the policy deductible.

### **Effective Dates**

Q: My company writes a new policy covered by the FHCF effective July 15<sup>th</sup> of the contract year so the policy exposure is not required to be reported to the FHCF at June 30<sup>th</sup>. If a covered event occurs after July 15<sup>th</sup>, does my company have coverage for the loss on this policy?

A: Yes as long as the policy is in effect on the date of loss.

### **Lightning**

Q: Is a claim caused by lightning covered by the FHCF?

A: It depends. A claim is covered if the company can show that the peril was a direct result of the hurricane for which the claim is reported.

### **Loss of Rents**

Q: If an insured's home sustains damage from a hurricane that renders it uninhabitable and the insured decides to move into a rental house he owns that is currently not occupied by tenants, can our company receive reimbursement from the FHCF for the loss of rental income from the rental house?

A: No, loss of rental income is not covered by the FHCF.

### **Mortgage Payments**

Q: If a company writes an endorsement to a covered policy that allows a policyholder to receive reimbursement for mortgage payments when a house is uninhabitable because of a hurricane, would the FHCF reimburse the company for the payments?

A: No.

### **Multiple Events**

Q: If there are multiple hurricanes during an FHCF Contract Year, should losses from each event be reported on separate POLs?

A: Yes.



## **Reimbursements**

Q: Under what conditions would our company have to return reimbursements to the FHCF?

A: The FHCF Reimbursement Contract addresses the right of the SBA to seek the return of “excess loss reimbursements or advances”. Such excess amounts could result from a variety of issues, such as:

- An incorrect exposure submission or resubmission (resubmitted data results in a change to a company’s premium, retention, and maximum reimbursement);
- An incorrect POL (over-reported losses);
- Incorrect calculation of reinsurance recoveries (over-reported losses);
- Subsequent readjustment of policyholder claims, including subrogation and salvage (subsequent POL indicates a company is eligible for reimbursements at a level less than what has already been reimbursed);
- Incorrect calculations of reimbursement premiums or retentions (on the part of the FHCF); or
- Payments in excess of the project payout (on the part of the FHCF).

Q: In the event of an excess loss reimbursement or advance, will our company be penalized?

A: Interest will be charged on excess loss reimbursements based on the average rate earned by the SBA for the FHCF for the first four months of the applicable FHCF contract year. If the excess loss reimbursement is due to incorrect information provided by a company, interest will accrue at this rate plus 5%. Interest on advances, including excess advances, will be charged the prime rate as published in the Wall Street Journal on the first business day of the Contract Year (adjusted annually).

Q: We understand that the FHCF performs some “reasonableness” checks on POL filings prior to issuing reimbursements. What kind of errors have been detected in the past during this review?

A: On occasion, the checks have identified errors with a company’s exposure submission under the Data Call. However, more often, errors are related to incorrectly reported losses such as:

- Florida hurricane losses under policies not covered by the FHCF (commercial non-residential, auto, ex-wind, etc.);
- Florida hurricane losses under covered policies that aren’t covered by the FHCF (e.g. storm surge, but no wind damage; loss of rents on an apartment building);
- Residential losses in other states (e.g., Florida hurricane causes damage in Georgia as well);
- Non-hurricane losses occurring elsewhere in Florida within the same timeframe as a hurricane (e.g., hurricane damage in southern Florida, fire damage in Tallahassee); and
- Wind losses in another state (e.g., Texas wind loss) occurring within the same timeframe as Florida hurricane.

## **Retention**

Q: How do I calculate our company’s retention for the mandatory FHCF coverage?

A: Your company’s retention is equal to its FHCF premium for the Contract Year in which the hurricane occurred times the applicable FHCF Retention Multiple (based on the coverage level elected by your company for the same Contract Year).

Your company’s final FHCF premium, assuming that your company has submitted timely, complete, and accurate exposure data as outlined in the Data Call applicable to the Contract Year in which the hurricane occurred, is mailed to your company no later than November 15<sup>th</sup> of each Contract Year. A listing of finalized premiums and selected coverage levels is also posted on-line at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under “Insurer Information” typically in early December. If your company plans to submit a Proof of Loss Report prior to the November billing, and your company has

already sent in its Data Call submission, contact the FHCF Administrator at 800-689-3863 for information regarding your company's FHCF premium calculation.

### **Ultimate Net Losses**

Q: What is the definition of Ultimate Net Losses?

A: As defined in the FHCF Reimbursement Contract, this term means a company's losses under FHCF Covered Policies for a specific hurricane (1) prior to the application of the company's FHCF retention and reimbursement percentage; (2) excluding loss adjustment expenses; and (3) net of salvages and all other recoveries, excluding reinsurance recoveries.

Q: Are Ultimate Net Losses net of our company's policy deductibles?

A: Yes. As your company would net a policyholder's \$500 wind deductible against any claims payment(s) made to that policyholder, that \$500 is not a loss to your company and should not be reported to the FHCF as Ultimate Net Losses.

### **SBA Examination – Loss Reporting**

Q: I know the SBA will likely examine our company's loss reports after we have received reimbursements. What kind of initial data quality checks will be performed?

A: The FHCF's Administrator will check reported loss data to determine:

- If company's reported losses exceed its reported exposure in the affected counties;
- Whether your company has reported a low concentration of exposure in the affected counties; and
- Whether the Ultimate Net Loss as a percentage of exposure in affected counties is significantly higher than the average FHCF percentage.

Abnormalities noted by these checks indicate possible issues with the reported loss data and will require an explanation/verification from the company prior to issuance of any FHCF reimbursements.

Q: What type of records must my company retain for loss reimbursement examinations?

A: Refer to the POL Report available on-line at [www.sbafla.com/fhcf](http://www.sbafla.com/fhcf) under "FHCF Rules" – "Proposed Rules", or under "Insurer Information" – "Current Year" once the form is adopted, for a list of items required to be retained.

Q: On the Detailed Claims Listing, is our company required to break out the paid losses for an individual claim by building, appurtenant structures, contents, and additional living expenses?

A: Yes. However, your company is not required to break out the outstanding losses to this level of detail.

Q: How long is our company required to retain the Detailed Claims Listing to support the POL?

A: The Detailed Claims Listing must be retained until the SBA has completed its examination of your company's claims and commutation for the Contract Year has been concluded.

Q: Will my company incur any penalties if it is discovered through an exam that we have reported loss data incorrectly?

A: If loss data is reported incorrectly, your company may be required to submit a new POL depending on the significance of the errors. If, as a result of the corrected loss data, your company owes previously reimbursed funds back to the FHCF, interest will be charged on the excess reimbursement.

Q: If the SBA conducts an exam of our company's losses and we agree with an error that was uncovered during the exam, should we go ahead and file an updated POL with the corrections or wait until we receive the exam report?

A: Your company can voluntarily submit a corrected POL since interest charges may accumulate on any excess reimbursements.

Q: Can our company request an exit conference with the SBA to discuss the loss reimbursement exam findings?

A: Yes. This request should be sent to the SBA and a mutual time will be scheduled.

## INFORMATION ONLINE

The FHCF is dedicated to making information pertaining to the FHCF as readily available as possible. As illustrated throughout this Handbook, the FHCF has posted a considerable amount of information on the Internet through both the SBA's FHCF website ([www.sbafla.com/fhcf](http://www.sbafla.com/fhcf)) and Paragon's FHCF website (<http://fhcf.paragon.aonbenfield.com/>). The following are sample documents/information available online:

- Annual Report
- Bonding Estimates
- Calendar
- Contact Request Form (Insurer Contacts)
- Coverage Selections & Premium Calculations
- Data Call
- Emergency Assessments
- Examination Information
- Frequently Asked Questions
- Link: FEMA
- Link: Florida Administrative Weekly
- Link: Florida Office of Insurance Regulation
- Link: Online Sunshine
- ListServe (join ListServe to receive automatic email updates regarding the FHCF)
- Loss Reimbursement Preparedness Program
- Loss Reports
- Member Handbook
- Projected Payout Multiple
- Ratemaking Formula Report and Addenda, as applicable
- Rates and Retention Multiples
- Reimbursement Contract and Addenda, as applicable
- Rule 19-8.010: Reimbursement Contract
- Rule 19-8.012: Ineligibility/Exemption from the FHCF
- Rule 19-8.013: Revenue Bonds
- Rule 19-8.028: Reimbursement Premium Formula
- Rule 19-8.029: Insurer Reporting Requirements
- Rule 19-8.030: Insurer Responsibilities
- Rules: Current and Previous Contract Years
- Section 215.555, Florida Statutes
- ZIP Codes, County Codes, & Rating Regions

## SUMMARY

While this Handbook summarizes the key features of the FHCF based on current legislation, please note that the FHCF may be affected by changes to the legislation, as well as ongoing changes to the rules of the SBA. We would encourage companies to review current legislation and any rules applicable to issues affecting them.

Individuals listed in the directory on the next page may be contacted with specific questions about the FHCF.

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### **For specific questions regarding:**

Examination Program	Gina Wilson or Marcie Vernon - SBA
Claims Reporting	Martin Helgestad or Kathy Mackenthun - Paragon
Contract Execution	Holly Bertagnolli or Martin Helgestad - Paragon
Exposure Reporting	Kathy Mackenthun or Martin Helgestad - Paragon
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SBA Internet Site	Donna Sirmons - SBA
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