
FLORIDA HURRICANE CATASTROPHE FUND (FHCF)
LOSS REIMBURSEMENT EXAMINATION – CONTRACT YEAR 2016
ADVANCE PREPARATION INSTRUCTIONS

Company:

Date of Examination:

Advance Records Due:

Events: **(Event Name)**
 (Event Name)
 (Event Name)

The following instructions are provided to help your company prepare for the FHCF's examination. If you have questions pertaining to the preparation and submission of required records, or about the activities or work processes of the examiner which cannot be adequately answered by the examiner, please call Gina Wilson, Director of Examinations, at (850) 413-1348.

ADVANCE RECORDS

Your company is required to submit records in advance of the examiner's on-site review to allow the examiner to fully prepare and to ensure the examination begins as scheduled. Your company is required to upload all advance records to the FHCF Online Claims System (www.sbafla.com/fhcf, Insurer Information, Online Claims) no later than (insert date). Be certain the records submitted are prepared using the specific form or file format given in the instructions below. The FHCF will send your company a Required Records Checklist and an Operations Questionnaire. Be sure to submit these records in the same file format and file type as it was sent to your company (e.g., the Operations Questionnaire should be uploaded as a Microsoft Excel document).

1. REQUIRED RECORDS CHECKLIST

The Checklist, provided as an attachment in the Notice email, should be completed by the company to ensure that all advance records are submitted and should be uploaded to the FHCF Online Claims System with the remainder of the required advance records. Using the drop-down options located to the right of the list of required records, the company should indicate whether each of the records is included or not included. The company should also designate the office location where the on-site examination should take place and provide complete contact information for the Exam Coordinator, Executive Contact, Claims Contact, and Actuarial Contact. All examination correspondence will be directed through the Exam Coordinator you have designated, including the Examination Report, unless otherwise noted on the checklist. The Exam Coordinator will be contacted periodically by the examiner to help facilitate the preparation of information needed for the examination.

2. OPERATIONS QUESTIONNAIRE

The electronic questionnaire form should be completed in its entirety. The individual(s) responsible for preparing the questionnaire should be available to answer questions once the examiner arrives on-site.

3. PROOF OF LOSS REPORT

Submit a separate Proof of Loss Report using Form FHCF-L1B for each event listed above. The report must include your company's most recent loss information.

4. DETAILED CLAIMS LISTING

Provide a separate Detailed Claims Listing to support each Proof of Loss Report submitted. The Detailed Claims Listing, which supports the losses reported in the Proof of Loss Report(s), by hurricane, must match the aggregate total amounts for paid losses and outstanding losses reported on page 1 of the Proof of Loss Report. The Detailed Claims Listing must be prepared using the instructions in the 2016 Detailed Claims Listing Instructions (Form FHCF-DCL).

5. CLAIMS PROCESS MEMO

Provide a written narrative of your company’s hurricane claims paying process. The narrative should start with how a claim is originated to the time a claim is paid. Please indicate the name and title of primary employees with responsibilities in the process.

6. INCURRED BUT NOT REPORTED (IBNR)

Provide documentation to support the amount of IBNR reported in each Proof of Loss Report.

7. LIST OF CLAIMS WITH SALVAGE

Provide a listing of all FHCF covered claims where salvage was received. This listing must be provided in a pipe delimited text file containing the following fields in the order listed. (For the pipe “|” symbol, press the *Shift* key and the \ key.)

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Claim Number	1	20	Special	Include characters A-Z, 0-9, and “-” only; the formatting must match the claim numbers provided in the Detailed Claims Listing
2	Policy Number	1	30	Special	Include characters A-Z, 0-9, and “-” only; the formatting must match the policy numbers provided in the 2016 Data Call File
3	Salvage Received	1	12	Numeric	

8. MULTI-STATE POLICY LISTING

Provide a listing of all FHCF covered commercial policies in effect during the 2016 hurricane season that have exposures written with Florida and non-Florida locations on the same policy. This list includes all policies regardless of whether or not a claim was reported to the FHCF for the policy and must be provided in a pipe delimited text file containing the following fields in the order listed.

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Policy Number	1	30	Special	Include characters A-Z, 0-9, and “-” only; the formatting must match the policy numbers provided in the 2016 Data Call File
2	FHCF Type of Business Code	1	1	Numeric	Only use the codes on pg 9 of the 2016 FHCF Data Call

9. MULTI-RISK POLICY LISTING

Provide a listing of all FHCF covered commercial policies in effect during the 2016 hurricane season that have both covered and non-covered risks written on the same policy. This list includes all policies regardless of whether or not a claim was reported for the policy and must be provided in a pipe delimited text file containing the following fields in the order listed.

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Policy Number	1	30	Special	Include characters A-Z, 0-9, and "-" only; the formatting must match the policy numbers provided in the 2016 Data Call File
2	FHCF Type of Business Code	1	1	Numeric	Only use the codes on pg 9 of the 2016 FHCF Data Call

10. SINGLE STRUCTURES POLICY LISTING

Provide a listing of all FHCF covered policies in effect during the 2016 hurricane season that insure single structure(s) that are used for both habitational and non-habitational purposes. This listing includes all policies regardless of whether or not a claim was reported for the policy and must be provided in a pipe delimited text file containing the following fields in the order listed.

Field #	Description	Minimum Length	Maximum Length	Type	Notes
1	Policy Number	1	30	Special	Include characters A-Z, 0-9, and "-" only; the formatting must match the policy numbers provided in the 2016 Data Call File
2	FHCF Type of Business Code	1	1	Numeric	Only use the codes on pg 9 of the 2016 FHCF Data Call
3	Class Code	1	10	Alpha-Numeric	Only numbers and letters are acceptable

ON-SITE REQUIREMENTS

In order for the examiner to properly conduct and expedite an early conclusion of the Loss Reimbursement Examination, the Exam Coordinator should ensure that the examiner has access to the following items on the first day and throughout the duration of the on-site visit.

1. EQUIPMENT AND SPACE

The examiner will need a private working space and an internet connection.

2. COMPANY PERSONNEL

The Exam Coordinator may wish to provide names of persons whom the examiner can contact directly for answers to the many questions the examination generates.

3. REQUIRED RECORDS TO HAVE AVAILABLE ON-SITE

The examiner will also be requesting claims and policy files to be available once the examiner arrives on-site. If the files are in more than one location, your company is responsible for coordinating the retrieval of the files to one central location. The files should be made available upon request and should contain at least the following information:

Claim File (the complete file)

- a. First notice of loss
- b. Claim number
- c. Date of loss
- d. Amount of loss for each category of coverage (building, appurtenant structure, contents, and additional living expense)
- e. Claim description

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- f. Policy number and location of property
 - g. Amount of loss adjustment expense
 - h. Copies of checks for payment of losses
 - i. All adjuster's estimates, including Public Adjuster estimates if provided to the company
 - j. Payment history
 - k. Evidence of salvage received, if any
 - l. Evidence of whether the deductible was applied
 - m. Receipts for any additional living expenses paid
 - n. Evidence to show the loss was a direct result of a hurricane
 - o. Documentation of policyholder's legal fees and/or Public Adjuster fees paid, if provided to the company

Policy File (the complete file in effect at the time of loss)

- a. Policy Declarations
- b. Insured's Name
- c. Address and ZIP Code for location of property insured
- d. Policy Number
- e. Policy Period
- f. Construction Type
- g. Deductible Group
- h. County Code
- i. County Name
- j. Total Insured Values
- k. Evidence to support occupancy is owner occupied or non-owner occupied
- l. All applicable forms, endorsements, and policy changes/transactional history

If your company retains claims and/or policy files on an online system, this will be acceptable for the review of residential lines of business as long as the items listed above are available on that system and the examiner determines the system information can be relied upon. If the examiner determines the online system cannot be used for the review, then the examiner will need claims and/or policy files including the application and underwriting files for the specific policies being reviewed. Also, if the company's online system is not the same system that produces the company's dec pages, then the actual policy files will need to be provided to the examiner.

For any commercial policies reviewed, you are required to provide the complete policy file, underwriting file, application, commercial class codes, and statement of values.

4. ADDITIONAL ON-SITE REQUIREMENTS

The company may be required to provide a walkthrough of the claims process once the examiner arrives on-site. The examiner will coordinate with the company prior to arriving on-site and provide directions on performing the walkthrough. The company should make prior arrangements for the examiner to conduct this walkthrough with the necessary personnel. Be certain an individual familiar with the company's claims process is available to answer questions before and during the examination.

Also, provide the examiner with a copy of the claims manual for claims covered by the FHCF and the name of a contact familiar with this manual. It is preferable that the claims manual be provided in electronic format.