Contract Year 2023 Interim Loss Report Florida Hurricane Catastrophe Fund (FHCF)

Company Name:							
HURRICANE:							
	ESTII	MATED ULTIMATE N	NET LOSSES ON COV	ERED POLICIES			
	Commercial- Residential	Residential	Mobile Home	Tenants	Condominium Unit Owners	Total	
Paid Loss*							
Outstanding Loss*							
IBNR (unknown losses)*							
TOTAL*							
the applicable due date (not le Claims Listing (refer to the Co business practices for the insular Florida law generally defines a takes measures to protect its s Listings if applicable), check the	ntract Year 2023 Form Fl rance industry, on the par trade secret as being sec secrecy. If you are claimin	HCF-DCL) must be prove t of the Company to repo TRADE So cret, of value, for use or ng trade secret protection	vided to the FHCF. Report as accurately as possile ECRET INFORMATION in use by a business, and on for the loss data in this	ted Losses are expect ble. Losses reported ur N I of advantage to the be Interim Loss Report (ed to result from a good faith nder the Interim Loss Report usiness, where the business and related Detailed Claims	n effort, using best will not be binding.	
			SION INSTRUCTIONS				
The Interim Loss Report (and a will input the required fields dire is required for the Online Claim	ectly into the system and	an officer must sign off o	on each Interim Loss Rep	ough the FHCF Online (ort online prior to subm	Claims System at https://fhcf ission. Advance registration	<u>.sbafla.com</u> . Users (including officers)	
* Report Ultimate Net Losses If your Company has negati definitions of Covered Event Loss Report, the Reimburse	ve IBNR numbers, report t, Covered Policy, and Ult	the negatives; do not r imate Net Loss. See Ar	net with the Outstanding I ticle VI of the Reimburser	Loss numbers. See A ment Contract for spec	rticle V of the Reimburseme	nt Contract for the	
Signature:		Officer Title:	·		Date:		
Printed or Typed Name of C	Officer:						