Contract Year 2024 Interim Loss Report Florida Hurricane Catastrophe Fund (FHCF)

Company Name:		· · · · · · · · · · · · · · · · · · ·	Co. NAIC No.:				
Group NAIC No. (if applicable):			Losses as of (most current data available):				
HURRICANE:							
			SSES ON COVERED P	OLICIES			
	Commercial- Residential	Residential	Mobile Home	Tenants	Condominium Unit Owners	Total	
Paid Loss*							
Outstanding Loss*							
IBNR (unknown losses)*							
TOTAL*							
Interim Loss Report, the Rein If the FHCF determines that an the applicable due date (not les Claims Listing (refer to the Con business practices for the insura	Interim Loss Report is rest than fourteen days frottract Year 2024 Form F	SCHEDULE (equired due to the occurr om the notice date). The HCF-DCL) must be prov	OF REPORT DUE DATI ence of a Covered Event, a FHCF will notify Compani ided to the FHCF. Reporte	ES all Companies in the Files if subsequent Inte	erim Loss Reports are require ed to result from a good faith	ed or if a Detailed effort, using best	
		TRADE SE	CRET INFORMATION				
Florida law generally defines a takes measures to protect its so Listings if applicable), check this	ecrecy. If you are claimi	ng trade secret protectio	n for the loss data in this I	nterim Loss Report (a	and related Detailed Claims		
		SUBMISS	SION INSTRUCTIONS				
The Interim Loss Report (and a an officer must sign off on each are included on the system web	Interim Loss Report on						
Signature:		Officer Title:			Date:		
Name of Officer:							